SYDENHAM'S CHOREA, ITS ETIOLOGY AND CHARACTER.

LEROUX (*Rev. Mens. des Mal. de l'Enf.*, June, 1890) states that the period of development of this disease is from the eighth to the twelfth year, which is also the period of the so-called growing-pains, and frequently of rheumatism. From eleven to twelve—that is, in the pre-menstrual period, girls are more subject to chorea than boys, and it is also the period in which anæmia is very common. In 1888 the author saw 487 cases of anæmia, 395 in girls and 92 in boys. Between the ages of eleven and twelve one sees the largest number of cases of chorea, anæmia, and growing-pains, and in addition many cases of articular rheumatism. The question is raised whether one of these diseases will provoke the other and whether chorea is of a rheumatic nature. A rheumatic chorea has been described, but cases are so numerous in which chorea is evolved independently of rheumatism, that the possibility of a necessary relationship between the two diseases is questionable. Anæmia, infectious diseases, rapid growth, etc., predispose to chorea, but they also predispose to rheumatism. The author agrees with the opinion of Jouffray and Saric, that chorea is a cerebro-spinal neurosis of evolution—a neurosis of growth.

THE OPERATIVE TREATMENT OF CHRONIC HYDROCEPHALUS.

POTT (*Jahrb. f. K.*, xxxi. 1, 2) claims that there are no difficulties which are technically insuperable in operations for chronic hydrocephalus. Not all cases of this condition are suitable for operation, and it is well to consider the probable results in favorable cases, especially in view of the fact that the results heretofore have not been very encouraging. All cases in which the intracranial effusion is extensive must be let alone, also congenital cases in which a rudimentary development of the brain is suspected, such cases being complicated with spina bifida or other serious lesion. In those in which, in spite of the hydrocephalus, the children are psychically and physically well developed, or at least were so before the enlargement of the cranium, an operation may be considered. Such children usually deteriorate slowly but steadily as the result of cerebral irritation or pressure. Any operative procedure in such cases will be the less dreaded when one realizes the gloomy prognosis if relief is not attempted. Such children become imbecile or idiotic; they do not learn to talk, or quickly lose whatever they may have learned. If the pressure continues total blindness will almost certainly result. In an advanced condition of hydrocephalus complicated movements of coördination, including walking, standing, or sitting, may be impossible. If walking is acquired the gait will be wavering and uncertain. Pareses, contractures, partial and general clonic spasms are ordinary occurrences. All these symptoms are more or less conditioned upon the accumulation of the ventricular fluid and the increase of endocranial tension. The circulation in the cranial cavity is weakened and retarded by the pressure and may be stopped. Functional disturbance will follow, and then pathological changes in the brain-substance. If the pressure is removed by arrest of the secretion and ossification of the cranium, restoration to health, to a certain extent, is possible. Most of those who recover suffer with atrophy of the brain and remain idiots for life. In a case which was operated upon by the author great improvement followed each withdrawal of the fluid. The comatose condition passed away, the pupils reacted to light, the pulse became fuller and stronger, the breathing regular, and the desire for food returned. The entire condition of the patient was satisfactory until the appearance of pus in the cerebro-spinal fluid removed the hopes of success which had been experienced. If in any given case suppuration could be avoided, incision and drainage would furnish better prospects of success than any other plan of treatment which has been suggested.

PUBLIC HEALTH.

UNDER THE CHARGE OF

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The Microbe of Malaria.

Dr. F. Plehn, in the *Zeitschrift für Hygiene*, Bd. viii., H. 1, 1890, gives an account of some researches of his in this subject, and a history of the opinions entertained by others during the last twelve years.

In 1879 Klebs and Tommasi-Crudeli described a bacillus found by them in the water and soil of the Roman Campagna, which they were led by certain experiments to look on as the microbe concerned in the causation of malarial fevers.

In 1880 Laveran found in the blood of a subject of malaria in Algiers an organism, not present in that of healthy persons, which he called *Plasmodium*, and maintained to be the essential agent of the disease, in opposition to Klebs and Tommasi-Crudeli.

Ziehls in 1882, and von Sehlens in 1884, discovered bacilli and cocci in the blood of malarial persons in Italy, but made no experiments. Previously to 1880 Koch's method of pure culture was unknown, and though Klebs and Tommasi-Crudeli had never found the bacilli in the blood of patients, the transfusions of Dochmann, Gerhardt, Cuboni, Golgi, and Marchiafava were considered to be conclusive. But the Nestor of bacteriologists, Fred. Cohn, has since deprived the bacillus of all claims to a pathogenic character, Klebs himself has at last disowned his fondling, and Marchiafava and others have gone over to the other side.

Laveran's conclusions have been supported and vindicated by the observations and experiments of Marchiafava, Celli, and Colgi in Italy, Metschnikof, Czenzinski, and Sacharof in Russia, Sternberg, Councilman, and Osler in America, and of Laveran himself in Corsica, Tonkin, Madagascar, and Senegal, whose combined experience has established its claims almost beyond question, though Dujardin, Pfeiffer, Rosenstein, and Hoffmann have alleged that the *plasmodium* is present in the blood in other febrile conditions, as